

**PARTICIPATION AGREEMENT FOR PROFESSIONAL
AND SPECIAL SERVICES PROVIDER**

AGREEMENT NUMBER

O.A. VENDOR NUMBER

1. By signing below the Provider agrees to provide services or goods as needed to Missouri Department of Health and Senior Services (hereinafter referred to as Department) approved clients.
2. The Provider shall comply with the policies and procedures required by the Department in the delivery of services, supplies, appliances or pharmaceuticals and in submitting claims for payment, as described in the Program Billing Guidelines which are incorporated herein as if fully set out. The Department shall provide guidelines to the Provider.
3. Services authorized and resulting charges are subject to review and approval by the Department. Payments for service shall be in accordance with Program Billing guidelines in effect at the time services are provided.
4. The Provider shall make all reasonable efforts to pursue third-party payments for services subject to this agreement, unless otherwise indicated in Program Billing Guidelines. The Department must be notified within sixty (60) days of the Provider's receipt of third-party payment.
5. The Provider shall not require or request payment for authorized services from clients covered by this Agreement. The Provider shall have the express right to bill clients covered under this Agreement for services that are not authorized. Unauthorized services are those for which the Department has not given specific prior authorization. All billings for services provided to approved clients must be submitted to the Department no later than sixty (60) days following the date of services provided except that all bills must be submitted no later than thirty (30) days after the close of the state fiscal year on June 30, of each year.
6. The Provider shall comply with applicable Federal and State laws prohibiting discrimination in the delivery of services or employment practices on the basis of race, color, age, sex, national origin, disability, religion or veteran status.
7. The Provider agrees to maintain adequate and complete fiscal and medical records to fully document services rendered to clients under terms of this Agreement. These records shall be retained for three (3) years, and shall be made available upon request by an authorized representative of the Department. Failure to retain adequate documentation for any service billed may result in recovery of payments for services not adequately documented.
8. This agreement may be terminated with or without cause by either party upon thirty (30) days written notice. If the Provider is in violation of this agreement or any other law, rule or regulation of the Department, State of Missouri, or Federal Government, this Agreement may be terminated immediately upon mailing of a written notice from the Department. In the event of termination, the Provider shall be paid only for services provided as of the termination date.
9. Obligations under this agreement shall be suspended at such time as funds are not available to cover payment for services provided to qualified clients. However, suspension shall not eliminate coverage under this agreement for services which had been approved by the Department and which had already been furnished prior to the date of suspension.
10. This agreement shall be effective on the date of approval by the Department and shall continue in effect until such time as either party invokes termination as explained in paragraph eight (8). Following any three year period during which no services have been provided by the Provider in regard to this agreement, this agreement shall cease.

PROVIDER NAME (PLEASE TYPE)

PAYMENT MAILING ADDRESS (STREET, CITY, STATE, ZIP)

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF PROVIDER OR REPRESENTATIVE

DATE

FEDERAL TAX I.D. OR SOCIAL SECURITY NO.

STATE LICENSE NO. (IF APPLICABLE)

TELEPHONE NUMBER

TYPE OF PROVIDER

☐ HOSPITAL☐ PHARMACY☐ DENTIST☐ THERAPIST☐ PHYSICIAN (M.D./D.O.)☐ OTHERCERTIFIED MINORITY OR WOMEN
BUSINESS ENTERPRISE (MBE / WBE)☐ YES☐ NO**PROVIDER ENROLLMENT APPROVED**

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

TITLE

DATE